



Supplemental Application Data Sheet

Application Information

Application number:: 10/765,299
Filing Date:: 01/26/04
Application Type:: Continuation-In-Part
Subject Matter:: Utility
Suggested Group Art Unit:: N/A 1618
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: CHELATING AGENTS WITH LIOPHILIC CARRIERS
Attorney Docket Number:: 532512001000
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 5
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gregory
Middle Name:: M.
Family Name:: LANZA
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US

Street of mailing address:: 12042 Gardengate Drive
City of mailing address:: St. Louis
State or Province of mailing address:: MO
Postal or Zip Code of mailing address:: 63146

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Samuel
Middle Name:: A.
Family Name:: WICKLINE
City of Residence:: St. Louis
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 11211 Pointe Ct.
City of mailing address:: St. Louis
State or Province of mailing address:: MO
Postal or Zip Code of mailing address:: 63127

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Phillip
Middle Name:: S.
Family Name:: ATHEY
Country of Residence:: US
Street of mailing address:: 119 White Oak
City of mailing address:: Lake Jackson
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77566

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gyongyi
Family Name:: GULYAS
Country of Residence:: US
Street of mailing address:: 305 Timbercreek Drive
City of mailing address:: Lake Jackson
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77566

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Garry
Middle Name:: E.
Family Name:: KIEFER
Country of Residence:: US
Street of mailing address:: 114 Juniper
City of mailing address:: Lake Jackson
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77566

Correspondence Information

Correspondence Customer Number:: 25225

Representative Information

Representative Customer Number:: 25225

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>Not yet Assigned</u> <u>10/765,299</u>	Continuation-in-part of	10/351,463	01/24/03
10/351,463	An application claiming the benefit under 35 USC 119(e)	60/351,390	01/24/02
<u>Not yet Assigned</u> <u>10/765,299</u>	An application claiming the benefit under 35 USC 119(e)	60/485,970	07/09/03

Foreign Priority Information

Assignee Information

Assignee name:: Barnes-Jewish Hospital

Assignee address:: Barnes-Jewish Hospital Plaza
St. Louis, Missouri 63110